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Abstract.]

CONFERENCE - Second Health Ministers' - New Delhi - Papers relating to - Recorded.

SECOND HEALTH MINISTERS' CONFERENCE.

AUGUST 1948.

A G E N D A.

1. Review of action taken by Governments on the recommendations of the Health Ministers' Conference held in October 1946.

2. Industrial Health.

3. Nutrition.

4. Tuberculosis with special reference to B.C.G.Vaccination.

5. Leprosy.

6. Training of Medical and Ancillary personnel.

7. Rural Medical Relief.

8. Health Measures for refugees including absorption of doctors and other health personnel in the Health Services of Provinces and States.

9. Private practice by Government Medical Officers.

10. Drugs and Medical Appliances:-

    (a) Drugs Control: Drugs Consultative Committee: Drugs Technical Advisory Committee and Pharmacopea (Indian Adondum).

    (b) Development of the Drug Industry in India:-

        (i) Penicillin, Sulpha Drugs, and Anti-Malarial;

        (ii) Vitamins;

        (iii) Hormones;

        (iv) Pharmaceutical preparations;

    (c) Manufacture of Surgical Instruments and other medical appliances.

11. All India Medical Registrer.

12. Malariogenic activities of the Railway & Works Departments.

13. Care of the Blind.

14. Improvement of the machinery for the registration of the Vital statistics.

15. Prohibiting construction of Back-to-back or ill-ventilated houses.

Item No.1 on the Agenda:

REVIEW OF ACTION TAKEN BY THE GOVERNMENTS ON THE RECOMMENDATIONS OF THE HEALTH MINISTERS' CONFERENCE HELD IN OCTOBER 1946.

Recommendation.

The Conference endorses the objectives proposed by the Bhore Committee as objectives to be kept in view in formulating plans for national health services:-

No specific action was necessary on this resolution. The eight objectives suggested by the Bhore Committee in its report, Vol.II, Chapter III are unexceptionable and the intention is to keep them in view in formulating this Government's health schemes. The limitations imposed by lack of finance and the conditions created by local factors will naturally delay the immediate fulfilment of the objectives.

Recommendation.

"The Conference considers that the district health organisation proposed is administratively sound and acceptable in principle. The programme for the first five years is not within present financial resources but it is agreed:--

firstly that the scheme would be implemented on as wide a scale as possible consistent with financial limitations; taking full advantage of existing institutions and staff;

secondly that modifications in the scheme may be made where necessary to adapt it to local conditions;

thirdly that ~~modifiex~~ in areas where the full organisatic cannot be set up immediately schemes for development should be framed with due regard to the objective of building up a curative and preventive health service on the general lines recommended by the Bhore Committee;

fourthly that each province should review its plans with these considerations in view."

This Government's post-war plans (Schemes Nos.92 and 99) ally contemplated the setting up during the postwar quinquennium of 270 combined medical and public health centres n villages, and 45 group health centres attached to Taluk eadquarters hospitals. The Government have had these plans eviewed in the light of the recommendations of the Conference nd have found that they satisfy the criteria laid down by the onference. Owing to paucity of funds and the conditions brought bout by the late War and its aftermath, the Government have, owever, had to reduce the number of village and group centres o be set up during the quinquennium to 150 to 25 respectively, hich will be established at the rate of 30 village centres and 5 group centres per year, during the period. The staff at the primary and group centres will be as follows:-

Primary Centre.

Medical staff.	Public health staff (preventive)
One Civil Assistant Surgeon	One Health Inspector.
One Compounder	One Midwife.
One Midwife	One Peon for the midwife.
One Nursing Orderly	
One toty.	

P.T.O.

At the primary centre there will be provision for six beds in all, four for maternity and emergent medical and surgical cases and two, suitably situated, for isolation cases.

Group Centre.

The medical staff will be that of the Taluk head-quarters hospital which is already in existence, which it is proposed, in due course, to improve and reconstruct, providing special departments for Tuberculosis, Leprosy, Eye diseases, etc., at each centre.

The Public Health staff to be newly employed at the Group Centre will consist of one Woman Medical Officer and one peon for the Woman Medical Officer. The Government have already selected areas for the setting up of these centres during the first year and it is expected that before the close of this year the centres will be in full working order.

It is also proposed to provide improved facilities in the existing District Head Quarters Hospitals, on a larger scale than hitherto and on a more extended scale than in the case of Taluk head quarter institutions.

It will be seen that the Government's plan proposed the establishment of a net work of medical and public health centres at the village, taluk and district levels, the entire organization in the district being linked up together by means of ambulances etc.

PROVISION OF FACILITIES FOR THE TRAINING OF MEDICAL AND OTHER PERSONNEL.

Recommendation.

"The Conference agrees that a review of facilities in the light of probable future requirements should be undertaken and that particular emphasis should be laid on the training of personnel. It also agrees that as far as possible, the larger provinces should assist those provinces, which have not yet been able to provide their own training facilities, by admitting students to their training institutions."

The receipt of the Bhore Committee's report was the occasion for the review of the existing training facilities in respect of medical and Public Health and other ancillary personnel necessary for manning health services in this Province. There are already three Government Medical Colleges training graduates and post-graduates in Medicine, Surgery and other public health subjects. In 1946, the Government ordered the opening of two more Medical Colleges, one at Madura and the other at Guntur. The working of these latter two colleges has had to be deferred owing to paucity of funds and difficulties connected with building, but 25 admissions have been allowed at Guntur this year and the number of admissions at the Stanley College has been increased from 72 to 100. At present only 305 graduates will be available from the existing colleges and this number will be increased to 425 if five colleges function. The Colleges in existence provide post-graduate facilities in Medicine, Surgery and Public Health. The Government have availed themselves of the Government of India Scheme of Overseas Scholarships and have sent a number of qualified men for training in medical and public health specialities in foreign countries.

There are already schemes of training in respect of nurses, midwives, health visitors and other ancillary personnel.

The Medical Education Committee has made a thorough review of all existing training facilities and have made various suggestions for the extension of these facilities and these are under the consideration of the Government. The revision of the syllabuses for the 'basic doctor' course is also said to be receiving attention for the Medical Council of India.

CENTRAL AND PROVINCIAL BOARDS OF HEALTH AND HEALTH COUNCILS.

Recommendation.

"The Conference agrees that Boards of Health and Councils of Experts should be constituted at the Centre and in the Provinces. It considers that representatives of the Central Legislature should be included in the Central Board of Health, that the constitution of the Provincial Boards should be left to the discretion of the Provincial Governments and that the health experts of the Central and Provincial Governments should attend the Central ~~of~~ Board of Health. The Conference also considers that the functions of the Central Board and Council should be purely advisory".

This Government have already informed Government of India that they have no objection to the constitution of Central Health Board and Central Health Council of Experts, subject to the condition that they are purely advisory bodies and exercise no executive powers.

A provincial statutory Board of Public Health has been functioning since 1939, in this Province.

AMALGAMATION OF THE MEDICAL AND PUBLIC HEALTH DEPARTMENTS.

"The Conference accepts the principle of amalgamation of medical and public health departments and considers that the amalgamation should take place when a suitable opportunity occurs. The Honourable Ministers from Madras and Bombay dissented from this view. The Honourable Minister from Madras considered that co-ordination between the two departments was preferable to amalgamation."

It will be seen that the then Hon'ble Minister for Public Health (along with the Bombay Government representative) dissented from the view contained in the above resolution. The Government have reviewed the question carefully and have decided that it is not ~~possible~~ feasible to effect a combination of the medical and public health functions in the same doctor and an amalgamation of the medical and Public Health Departments and, as a corrollary, to make common recruitment to the two services. This Government's views have been set out in detail in their letter No.689 P.H., dated 4th March 1947. Please also see para 4 of letter No.138,P.H. dated 17th January 1948.

The Government, however, consider that co-ordination and co-operation between the two services will be necessary. These will be achieved by the Medical Officers in charge of the primary centres exercising control over the health staff stationed at those centres and their activities, by the Surgeon-General, the head of the Medical Department scrutinizing also important proposals emanating from the Director of Public Health, and also by the Secretary to Government who scrutinises the proposals of both the Medical and Public Health Departments.

For purposes of ordinary administration the two departments will function separately under a separate head of the department.

WATER SUPPLY AND SANITATION.

Recommendation:

"The Conference agrees;

(1) that an active programme for the improvement of water supply and sanitation in both urban and rural areas should be undertaken;

(2) that in respect of water supply, the objective should be to provide at least 50% of the population with a safe and abundant water supply within a period of not more than 20 years and the entire population within a period of not more than 35 years;

(3) that in urban areas the objective should be to instal adequate sewerage in all town with a population of 50,000 or over during the first 10 years

The Conference considers that the constitution and functions of provincial water and drainage boards should be left to the discretion of the Provincial Governments".

The efforts of the Government of Madras in the discretion of providing water supply and drainage facilities ill be found summarised in the note appended to letter o.138 P.H. dated the 17th January 1948. The recommendations f the Special Water Supply Drainage Committee which has subitted a report on problems connected with water supply and rainage are receiving the attention of the Government.

ANTI-MALARIA ORGANIZATION.

Recommendation:

This Conference :

(1) that a vigorous drive against malaria should eceive priority in development programmes;

(2) that, subject to adaptation to suit local conditions antimalaria organisations should follow the eneral frame work of the organisation proposed by the hore Committee;

(3) that antimalaria personnel trained in the efence Services should be utilised to the fullest ossible extent."

The Government have set up an Anti-Malaria Organisation which is more advanced than the scheme suggested by the hore Committee. The Organisation is now under a separate ssistant Director of Public Health and has been functioning rom December 1945.

QUININE PRODUCTION.

Recommendation.

"This Conference agrees that quinine production should be continued and developed up to about 200,000 lbs. a year subject to review from time to time. It was also agreed that the views expressed by the Provincial Ministers on the subject of a guarantee to the producing provinces should be further considered by the Government of India in consultation with Provincial Governments".

The subject matter of this recommendation has been under consideration for some time in the Development Department. Matters have not moved further in this direction, after 1946, as the Government of India's decision regarding guarantee of protection for the industry has not yet been received. (Madras is one of the two quinine producing provinces in India, the other being Bental). The question of stepping up the production of the requisite amount of chinchina bark and of quinine in this Province is still awaiting the decision of the Government of India.

INDIAN MEDICINE.

Recommendation.

*I. In accordance with the recommendations of the National Planning Committee, this Conference resolves that adequate provision should be made in the Centre and the provinces,

(a) for research in and "the application of the scientific method for the investigation of the indigenous systems like Ayurveda and Unani" with reference to "(i) maintenance of health and (2) prevention and cure of disease."

(b) for starting schools and colleges for training for diploma and degree courses in Indigenous Systems of Medicine.

(c) for post graduate courses in Indian Medicine for graduates in Western Medicine.

II. In accordance with the Resolution No.13-National-Planning Committee this Conference resolves "to absorb the practitioners of Ayurvedic and Uani Systems of Medicine into the State Health Organisation by giving them further scientific training wherever necessary" as health personnel, like doctors, physical training experts (Ustads), sanitary staff, messeurs, nurses, midwives, etc.

III. This Conference resolves that, in the Central Council and Provincial Health Boards and Councils, the Departments and practitioners of Indian Medicine should be given due representation.

Please see paragraph (3) of this Government's letter No.24666-G1-48-2, P.H., dated 12-6-48 on this subject.

ABOLITION OF THE CIVIL BRANCH OF THE INDIAN MEDICAL SERVICE.

Recommendation.

"This Conference of Health Ministers is of opinion that there should be no civil branch of the Indian Medical Service and requests that the Central Government may arrange to take back immediately the Indian Medical Service personnel in Civil Employ in the provinces, and post them on the military side to which they rightly belong."

This has now become an accomplished fact except that 5 I.M.S. officers are still working in this Province.

Item 2 in the Agenda.

E. & P. H. Deptt.

Sub: Industrial Health Employee's State Insurance Act.

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Under the State Insurance Act, Provincial Governments s provide medical treatment, to the insured workmen. Before t

was passed, the Surgeon-General ascertained that there were 38 places, where there were 1000 or more insurable employees, either in one factory or in different ones, and submitted a preliminary report of the medical facilities, which existed at those places and the additional facilities which would be needed if the Scheme was to be applied to those places. The Government of India suggested that a thorough investigation by one or more full-time medical officers should be made with a view to settling a plan for the provision of medical benefits on the scale contemplated and deciding on the steps which should immediately be taken to that end. This Government have accepted the suggestion and sanctioned the employment of a staff of 2 Civil Surgeons, 2 Stenographers and 2 peons in the Surgeon-General's Office for a period of 3 months to carry out the above investigation. The Government of India have, in a separate communication, indicated the lines on which the investigation should be carried on. This has also been sent to the Surgeon General and the report submitted by him will be forwarded to the Government of India. The Government of India have also been informed of the action taken by this Government.

T.G.M.
22-7-48.

C.O.C.
23-7-48.

Item 3 on the Agenda:

NUTRITION.

The Government have set up a nutrition organisation on the lines of the one recommended by the Bhore Committee. The original proposal under a post-war plan of this Government was that the ~~origin~~ organisation should consist of an Assistant Director of Public Health, four First-class Health Officers and other subordinate technical and ministerial staff. The intension was to have a Central Bureau at Madras and four regional units. On further consideration, it has been decided that it would suffice if, in the first instance a Central Bureau under an Assistant Director and two mufassal units (each under a First-class Health Office) are sanctioned The organization has been functioning for some time now, under a Special Nutrition Officer of the rank of First-Class Health Officer, who is in charge of the Bureau at Madras pending the appointment of an Assistant Director of Public Health; two units are also working, one at Trichinopoly, and the other at Anantapur, each in charge of a First-Class Health Officer.

The functions of the organization are to make a detail survey of the dietaries of the different communities and food materials chiefly available in different areas with a view to planning a better dietary, investigation of the morbidity arising from nutritional deficiency and the composition of the foodstuffs of local importance and intensive propaganda on nutrition. The question of expanding this organisation will be considered after a detailed report on its working is available.

The following matters pertaining to this subject have also been dealt with and final orders have been, or will soon be, passed on them:-

(i) In order that public health workers may have a sound knowledge of nutrition, the Government have approved the

proposal of the Surgeon-General and the Director of Public Health that the syllabuses for the courses of the medical and hygiene studies (M.B.B.S., B.S.Sc, and L.P.H.) in the Medical College should be amplified so as to provide for more practical work in respect of food and nutrition. It has also been ordered that the Health Officers and Health Inspectors should take periodical refresher courses on all aspect of food and nutrition.

(ii) The question of short courses on nutrition to lay personnel belonging to all Government departments, and to persons who are in charge of public hostels has been taken up and the proposals of the Director of Public Health, Madras, are under consideration by this Government.

(iii) The question of establishing a Provincial Nutrition Committee consisting of experts in Nutrition, Agriculture, Animal Husbandry, Fisheries, Marketing, Food Administration and also administrative officers from the departments concerned, for co-ordinating the activities of the departments and advising the Government on Nutrition has been taken up. The functions of the Committee will be as suggested in the Government of India's note. The proposals of the Director of Public Health on this subject are under examination.

(iv) The need for the development of school-feeding schemes is accepted. A post-war plan framed by this Government contemplated the introduction of a scheme of midday meals for poor children attending elementary schools, at a cost of Rs.1,279 lakhs for the quinquennium. As the present financial position of the Government does not permit the scheme to be put through, it has been deferred. The Corporation of Madras has, for some years, been providing mid-day meals to poor children in the Corporation elementary schools.

(v) The question of starting feeding schemes for labourers with a view to providing them nutritive food was considered-- Almost all mill managements have now made provision for food-canteens for their workers. The Government, after an examination of this question, have decided that if co-operative canteens are started the Government would provide them with such facilities as water supply etc., and also advances of money.

(vi) In pursuance of the Bhore Committee's suggestions, the following matters are under investigation by an expert committee appointed by this Government for the purpose.

(a) An examination of the existing standards of hospital diets is the light of the more modern ideas on nutritional science, with a view to laying down revised dietary standards for adoption after the prevailing food scarcity ceases.

(b) The establishment of a School of Dietetics with a syllabus with special emphasis on hospital dietics for training dieteticians.

(c) Appointment of dieteticians for hospitals in general, and the Government General Hospital in particular, in the first instance The Committee which has been charged with the task of considering all aspects of these and cognate matters, consists of the Director, King Institute of Preventive Medicine, Guindy, Professors of Medicine, in the Madras Medical College and the Stanley Medical College, Professor of Hygiene in the Madras Medical College and the Stanley Medical College, the Director, Nutrition Research Laboratories, I.R.F.A.Conoor the Nutrition Officer, Food Department and the Nutrition Officer, Public Health Department.

(vii) Proposals for the creation of chairs in Nutrition in the Medical Colleges have been obtained from the Surgeon-General and

are under consideration. It is expected that when these proposals materialise, not only will instruction on the subject be upto the requisite standard, but there will be impetus to academic research in nutritional science.

(viii) In Madras, the provisions of the Madras Prevention of Adulteration Act, 1918, are already in force. A Government Analyst paid from Provincial funds is functioning in the King Institute, Guindy, and is in charge of a food laboratory. The question of improving the King Institute and of developing regional laboratories is under consideration.

(ix) The suggestion has been made that the principles of the Agricultural Produce Grading and Marking Act, 1937, should be applied to food products other than agricultural with the object of improving their quality. The suggestion is acceptable and is the subject of a separate letter to the Government of India (Letter Ms.No.2570, Public Health, dated the 25th July 1947).

(x) It may be generally stated that a number of other suggestion bearing on nutrition have been made by the Bhore Committee, such as, instruction on nutrition in schools, propaganda on nutrition, improvement of the quality of the food served to the public in eating houses and hotels, etc. All these have been considered and suitable orders have been passed on them by this Government.

T.B.S.
26-7-48. C.O.C.
28-7-48.

Item 4, on the Agenda:

T U B E R C U L O S I S.

The following shows the number of beds provided for tuberculosis patients in the several sanatoria and hospitals in this Province:-

Government institutions:

1.	Govt. T.B.Sanatorium, Tambaram.	100 beds.
2.	-do- Royapettah	62 "
3.	T.B.Institute, Egmore (clinics only)	
4.	Govt. Wellesley T.B.Sanatorium, Bellary.	200 "
5.	Other Govt. hospitals	220 "

Private institutions:

6.	The U.M.T.Sanatorium, Madanapalle	240 "
7.	The Coimbatore District Silver Jubilee T.B.Sanatorium, Perundurai.	166 "
8.	The Visranthipuram, T.B.Sanatorium, Rajahmundry.	90 "
9.	The Mount Rosary T.B.Sanatorium, Mudabidri, South Kanara District.	28 "
10.	The Rajaji T.B.Sanatorium, Trichinopoly.	50 "
11.	The Corporation T.B.Sanatorium, Madras.	50 "
	Total	1,206

All the private institutions except items 9, 10 and 11 are at present receiving building as well as maintenance grants from Government.

The Government have already sanctioned the construction of 144 additional beds at Tambaram. The work is in progress. The following proposals are also under consideration for the provision of additional beds etc:-

1. 100 additional beds at the T.B. Sanatorium, Perundurai.
2. Opening of a Sanatorium at Peapalli, Kurnool District.
3. do- Madura.
4. do- Ramnad.

Government have recently permitted the Tanjore District Board to open a T.B. hospital with 100 beds in that district. Proposals for the establishment of a new sanatorium at Waltair with 100 beds contemplated under the P.W. plan have not yet been received from the S.G.

Clinics:

T.B. Clinics exist at present in the Headquarters hospitals at Tiruchirapalli, Tanjore, Madura, Calicut and Vizagapatam, A clinic is under construction in the Headquarters Hospital, Chittoor. Post War schemes No. 100 and 101 contemplate the establishment of T.B. clinics in each of the Taluk and District Headquarters hospitals, wherever they do not exist at present.

2. MASS RADIOGRAPHY AND CONTRACT EXAMINATION:

In 1946, Government have sanctioned additional staff to the T.B. Hospital, Raoyapettah, to follow up and examine contact cases. The question of getting a mass radiography apparatus is under consideration, though the proposal was once turned down on account of financial stringency. The Anti-Tuberculosis Association authorities are, it is understood, willing to make this apparatus available for Government for mass radiography.

3. B.C.G. VACCINATION SCHEME:

The scheme for the introduction of B.C.G. vaccination scheme has just been received from Dr. P.V. Benjamin of the U.M.T. Sanatorium. It is under examination. The scheme is estimated to cost Rs.96,000/- non-recurring Rs.92,000/- recurring. Half the expenditure is to be met by this Government and the remaining half by the Government of India. It is under examination. A scheme for B.C.G. vaccination in Madras City has been prepared by a special committee and it is now under consideration by Government.

4. POST GRADUATE TRAINING:

In 1940, the Government instituted a Tuberculosis Diploma course (T.D.D.) to give special training to doctors in Tuberculosis. The course lasts for 9 months, of which 3 months are to be spent in the Madras Medical College and 6 months in the U.M.T. Sanatorium. In 1947, the Government permitted the Madras University to institute a post graduate diploma course in the tuberculosis extending to a period of 12 months. The admission to this course is restricted to medical graduates only and it is limited to 12 students every year. The Government T.D.D. course is also continued to enable medical licentiates to under-go the training. But the duration has been extended to 12 months and the number restricted to 4.

5. PROVINCIAL TUBERCULOSIS OFFICER:

The post was plan of this Government so far as tuberculosis is concerned is to provide additional beds only. Drs. Benjamin and Vasudeva Rao are the two experts available in this Province

for organising any anti-tuberculosis work. It has been decided recently that the question of appointment of a Provincial Tuberculosis Officer may be deferred for consideration till the second quinquennium of the post-war plan.

6. SCALES OF PAY:

In their note, the Government of India point out that the scales of pay of the staff employed in the T.B. institutions are inadequate and they will not attract the right type of persons. The Medical officers except the Director and other staff employed in Government tuberculosis institutions are treated on a par with those employed in other Government medical institutions. The scale of pay of a Civil Surgeon is Rs.450-75/2-800. The scales of pay of other staff are governed with reference to the prevailing conditions in this Province. In view of the present acute financial stringency, it is doubtful whether the scales of pay of staff in T.B. institutions can be increased to such an extent as to be on a par with the scales paid by the Government of India or some other Provincial Government to similar employees, but the question of granting a risk allowance to all tuberculosis workers at the rates allowed for X-ray workers in the X-Ray Depts. may perhaps be considered.

T.G.M.

22-7-48. C.O.C. 22-7-48.

ITEM 8

LEPROSY.

1. GENERAL: Till recently, anti-leprosy work in thi province was mainly being carried on by the Indian Branch of the British Empire Leprosy Relief Association, on behalf of Provincial Government with an annual grant of Rs.21,000/- (since reduced to Rs.15,700) from the Government and with funds allotted to it by the Indian Council of the Associatio and other philanthropic bodies. The Association was also running the Rural Leprosy Prevention Unit at Polambakkam nea Madurantakam (Chingleput District) with an annual grant of Rs.7269/- from the Government. But of late the Government have been taking an increasing and direct interest in the promotion of this branch of health activity. As a step in this direction and incidentally to relieve the British Empire Leprosy Relief Association of some of its increasing activities, the Government have taken under this control, the Silver Jubilee Children's Clinic at Saidapet, the Ettapur Children's Sanatorium in Salem District and the Polambakkam Rural Leprosy Unit.

(ii) The Lady Willingdon Leprosy Sanatorium is the centre for leprosy activities in this Province. Till now it was managed by the Church of Scotland Mission under an agreement. The Government have since taken this institution also under their control with effect from 1st April 1948.

(iii) There are besides, twelve private leprosy asylums in this Province run by the 'Mission to Lepers' and other homes with aid from Government in the shape of capitation grants annually. The Kasthurba Gandhi National Memorial Trust in the South Arcot District has of late, been doing very useful work in the cause of leprosy relief work.

(iv) In 1946 the Government constituted in Ad hoc Committee on leprosy with a view to examine and report on the present position and the further steps to be taken in the matter of leprosy treatment and prevention in this Province, with reference to the Post War Reconstruction Scheme and the Bhore Committee's recommendations. This Committee consists of the following members:

1. The Hon'ble Minister for Public Health - Chairman.
2. The Surgeon General with the Government of Madras (Vice-Chairman).
3. The Director of Public Health, Madras.
4. The Hony.Director, Leprosy Campaign, Vellore.
5. Sri T.N.Jagadisan, M.A., Hony.Publicity Sec;B.E.L.R.A.
6. Captain S.Thambiah, M.C., M.R.C.P.(Edin)
7. Mrs. A. Kurian

The Hon'ble the Minister for Public Health and the Surgeon General will be the ex-officio Chairman and Vice Chairman of the Committee respectively. The Surgeon General will preside over the meeting of the Committee in the absence of the Chairman. Sri T.N. Jagadisan will act as the Secretary to the Committee. The term of office of the Committee was sanctioned in the first instance only for a period of one year from 30-9-46. The term has been continued for a further period of one year upto the end of September 1948. This Committee has been meeting often ~~xxxxx~~ ever since and has just recently concluded its sittings. It has published a report on the action taken so far by it. The report is at flag (s). The recommendations of the Committee have in certain cases been already considered and the orders of Government passed thereon. In respect of the other items they are being examined separately.

2. ORGANISATION OF CAMPAIGN. As a preliminary to an Anti-leprosy Campaign in this Province, this Government have already created a Leprosy Department under the Surgeon General with an Honorary Diredtor for Leprosy Campaign. Dr. Cochrane is holding this post and is in charge of leprosy work. He has been given the necessary staff both for his office and for conducting research of leprosy relief work.

(ii) As a part of Post War Scheme No.103 relating to 'Anti-Leprosy Campaign' of this Province, proposals are now under the consideration of ~~xxxxxxxxx~~ Government for the establishment of a Provincial and District Survey Units. The Provincial Survey Unit is to be set up with its headquarters at Vellore and the District Survey Unit in the South Arcot District. After some experience is gained, more District Survey Units will be opened in course of time, ~~xxx~~ in areas where the disease is to be found in an endemic form.

The Provincial Survey Unit will be in charge of a Provincial Survey Officer in the grade of a first class Health Officer. He will be given the necessary training for a period of three months, after which he will work in close co-operation with the Honorary Director of Leprosy Campaign Vellore, for investigation and establishment of District Units in areas where leprosy is highly prevalent. The District Survey Unit, on the contrary is intended for organising leprosy prevention work on a district basis. The District Survey Unit will consist of a Treatment Unit and also a Preventive Unit. The Preventive Unit would be available only for survey work while the Treatment Unit would provide facilities for treatment of leprosy cases side by side, with survey work. The District Survey Unit will be provided only in areas where leprosy is of a highly endemic nature. In other districts where leprosy is less endemic, it is considered sufficient to provide for treatment in the Headquarters Hospital itself without making provision separately for a Treatment Unit.

(b) located at the district headquarters. A separate treatment unit will be

(iii) The Polambakkam Rural Leprosy Unit is the only one of its kind in the matter of providing rural leprosy relief. Of late, the Kasthurba Gandhi National Memorial Trust is striving its best in the South Arcot District to provide rural leprosy relief. Proposals are also under the consideration of Government for the establishment of two leprosy clinics in the slected firkas for rural development in the South Arcot District as a rural leprosy preventive and segregation Units.

(3) ORGANISATION OF LEPROSY INSTITUTIONS. Besides the Lady Willingdon Leprosy Sanatorium at Tirumani, the Ettapur Children's Sanatorium and the Silver Jubilee Children's Clinic at Saidapet regular clinics are attached to the Government General Hospital, Madras, the Stanley Hospital, Madras and the Erskine Hospital, Madura and the District Headquarters Hospitals and almost all Government and Local Fund Medical institutions.

4. ORGANISATION OF LEPROSY TEACHING. In the words of Dr. Cochrane himself, it can be stated that Except perhaps in the Madras Medical Colleges, nowhere is the importance of leprosy as a subject in the place of teaching stressed." Proposals for the revival of the post graduate training course in leprosy for medical officers have just now been received from the Surgeon General and they are being examined.

5. ORGANISATION OF SOCIAL ASSISTANCE AND WELFARE. The Government have now created the post of an Occupational Therapy and Welfare Officer for the Lady Willingdon Lepsory Sanatorium, Tirumani, to attend to the Social and Economic Welfare of the patient patients and the general sanitation of the institution and to supervise the work in the textile branch and the workshop of the Sanatorium. Sri N.Ramakrishna Iyer, M.A., B.L., of St. Thomas Mount, Madras "a gentleman who has refrained from practice as a lawyer and who has engaged himself in public life and social work for the past 20 years" has been appointed to this post on a monthly honorarium of Rs.150/-. As the Government have taken over under control only just recently some of the leprosy institutions it seems that similar officers will be provided for the other institutions in due course.

6. ORGANISATION OF PROPAGANDA AND PUBLICITY:- The British Empire Leprosy Relief Association has so long been expending a portion of the grant received from Government on publicity and propaganda. It is now felt that this side of anti-leprosy work should be given more importance hereafter and that there should be a separate publicity organisatio to go side by side with the development of the leprosy campaig in order to create a reasoned outlook on leprosy in the public and in the patient and to create conditions in society favourable to the control of leprosy and the humane treatment of patients. It is considered that no other organisation would be better fitted to carry on longstanding experience in the field of leprosy. Proposals are accordingly now under consideration for the creation of a separate Publicity and Welfare Organisation and for placing it under the control of the B.E.L.R.A the Government paying the Association a grant towards the recurring and non-recurring items of expenditure on account of the proposal.

(4) CHILD LEPROSY: Proposals for providing a scheme for examination of school-going children in the Madras City for detection of cases of leprosy are under the consideration of Government in consultation with the Madras Corporation.

LEGISLATION ON LEPROSY: Originally the control of leprosy was regulated along with other infectious diseases by the provisions of chapter VII of the M.P.H.Act. But owing to its peculiar nature, its relatively low infectivity and the difficulty of detecting the disease in its earlier stages, the inclusion of leprosy with other infectious diseases made it impracticable to enforce the law. It was therefore decided to remove leprosy from the category of 'infectious diseases' and provide in a separate part for the treatment and control of open leprosy, that it is to say cases where the disease had reached that stage when leprosy bacilli could be demonstrated from the patients nose and skin by examination. Accordingly the M.P.H.(Amendment) Act, 1944 (Madras Act IV of 1944) was enacted furing the Section 93 situation.

Its main provisions relate to the making of arrangements for the free diagnosis and treatment of leprosy, for the prevention of infection, for the restriction of the employment of persons suffering from leprosy, for declaring any area as a 'special area' for leprosy, for restricting the movements of persons suffering from leprosy in such areas, for notifying any area as a 'segregation' area' for requiring persons who were suffering from leprosy to obtain certificates from qualified medical practitioners that they are non-infectious.

As the Amendment Act referred to above would have ceased to be in force on the 30th April 1948 unless re-enacted, the question of its reenactment was taken up. It was considered that as leprosy was ~~infectious~~ infection only at a particular stage and as even then it affects mostly children who come in close and continued contact with infected persons, it would sufficient to segregate persons suffering from infectious forms of the diseases during nights. It was proposed to amend in due course the main M.P.H.Act so as to provide for ~~at~~ a limited amount of segregation in areas where active measures were being taken for the control of leprosy. For these reasons, it was decided that the Amendment Act need not be reenacted and it was ~~decided~~ therefore allowed to lapse.

2. At the instance of the Ad hoc Committee on Leprosy Dr. R.G.Cochrane prepared a memorandum on the legislation of leprosy for the consideration of the Committee. A copy of the memorandum is at pages 13-21 c.f. of L.F. II below. Dr. Cochrane note was accepted by the Ad hoc Committee and it was decided that the Surgeon General, the Director of Public Health and Dr. Cochra should form a sub-committee and prepare a ~~memorandum~~ memorandum on leprosy and suggesting the necessary amendments to the Madras Public Head Act, to provide a limited amount of segregation in areas where active ~~measures~~ measures are being taken. A sub-committee was accordingly constituted and the Ad hoc Committee in its meeting held on 14th October 1947. The definite recommendations of the Ad hoc Committee with the S.G's. remarks thereon, when they are received will be placed before the Public Health Board, if necessary for consideration.

ITEM 6.

Second Health Ministers' Conference-August 1948-Agenda Item No.6 - Training of Medical and Ancillary Personnel.

To provide for an adequate number of trained staff in all categories and for explaining under-graduate and post-graduate training, Health Survey and Development Committee has made the following recommendations:-

(1) The expansion and improvement of existing medical Colleges.

(2) The establishment of new medical Colleges in different parts of the country.

(3) The creation of an All-India Medical Institute for post-graduate teaching and research.

(4) The sending out of carefully selected persons for overseas training in order to equip them for filling teaching research and administrative posts in the country, and

(5) The development of post-graduate teaching and research centres in the provinces so as to enable these centres to function on an All-India basis.

2. The Medical Education Committee which considered uestion, stressed items (1) and (2) above and also ade the following further suggestions to make the output f doctors sufficient for the medical needs of the entire opulation, both urban and rural.

(6) To release more and more doctors for their legitimate work by making more and more trained technicians available to do some of the work which the doctors are now doing.

(7) Provision of more mobile units based on medical institutions for taking medical relief to the rural areas.

(8) Improving the system of ambulance service and improving communications, telephone facilities and easy methods of transport

3. Item (1) Expansion and improvement of existing C

The University standard is a maximum of 100 students in a College. The Madras Medical College has 125 admissions a year. This strength cannot be increased. The University of Madras has agreed to increase the number of admissions to the Stanley Medical College from 72 to 100 with effect from July 1948. When the improvements sanctioned to the Andhra Medical College and the attached hospital are carried out, the annual admissions to the College will be increased from 56 to 100. Meanwhile 25 admissions are made at Guntur.

Item (2) Establishment of new Colleges: To implement Post-war Scheme No.38, the Government started the Madura and Guntur Medical Colleges in 1946. In January 1948, they decided to defer the schemes for these 2 colleges owing to financial stringency. As several protests were received against the closure of the Guntur Medical College, the Govt. have decided to continue the pre-registration and pre-clinical courses at Guntur, with the number of admissions reduced from 50 to 25.

Item(3) ALL INDIA MEDICAL INSTITUTE: A Committee appointed by the Government of India to report on the general plan and stages of development of the Institute, has suggested, inter alia, the need for up-grading

Item (4) Sending out carefully selected persons for Overseas training: In order to fill certain appointments in the teaching and specialist departments, this Govt. have deputed a number of Medical Officers for higher training abroad and in India in various subjects under the scheme of this Government and that of the Government of India. A list of Medical Officers deputed for higher training is put up at (K). This Government also propose to depute some more Medical Officers for higher training under the Government of India Scheme. The result of the selection of the Central Selection Board of the Government of India in this respect is awaited.

Item (5). Development of post-graduate teaching and research Centres:

selected teaching and research centres and their associated hospitals. An expert Committee has been constituted to inspect the important colleges and hospitals to be up-graded. The S.G. has submitted certain proposals for the upgrading of the Madras, Stanley and Andhra Colleges, the Christian Medical College, Vellore, the Government Hospital for Women and Children, Madras, with information relating to the cost involved in some cases. Estimate of cost in the remaining cases also are being called for.

Item (4) ~~Sending out carefully selected persons for~~ Overseas training:

The Health Survey and Development Committee has stressed the importance of post-graduate medical education and in that connection has suggested the opening of provincial centres where existing facilities in certain branches of medicine can be extended in order to make them available not only to the province concerned but also to other parts of the country. It recommended:

(i) That large post-graduate centres may be instituted in mid-wifery and ophthalmology in Madras, and

(ii) that the Central Government should contribute a share towards the cost of developing and maintaining the institutions; and the province concerned and other provinces which will be benefitted by the training facilities which will be offered should also bear their respective share of the financial burden.

2. For the development of the existing Government Opthalmic Hospital and the Government Hospital for Women & Children, Madras into All India Centres of post-graduate training, provision of additional facilities will be necessary, to make these well-equipped ones. The S.G. has been asked to submit a rough estimate of the expenditure (recurring and non-recurring) which it will be necessary to incur to convert these hospitals into All India Centres. This is dealt with separately.

Item (6): Releasing doctors for their legitimate work by employing trained technicians: This has been referred to the S.G. and his reply is awaited.

Item (7) Provision of more mobile units: The S.G. wanted mobile units to be provided for each district. With a view to reduce expenditure, it is proposed to restrict the scheme to six districts.

Item (7) Improvement of ambulance services: Ambulance service is available only in a few places. The S.G. has suggested that Fire Service Ambulances may be utilised by the hospitals wherever they are stationed when no separate ambulance service exists in such institutions.

Item (8) Opening of medical schools: Licentiate education was abolished in 1938 as it was considered unsatisfactory. The Bhore Committee and the Medical Education Committee are also not in favour of a lower trained type of doctors. Hon'ble Premier has minuted that the course should be revived. The S.G. has replied that this would be a step backward in the progress of a uniform standard of medical education. Orders will be taken on this point separately.

Admission of colonial Indian Students to Medical Colleges: This Government have agreed to reserve five seats for such students and to treat them as Madrasis for purposes of fees. The following order of preference will be observed:

(a) Students of Indian origin whose parents or families originally belonged to this Province.

(b) Students of Indian origin whose parents or families originally belonged to some other Province in India.

Other students.

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ITEM NO.7.

Rural Medical Relief.

Medical aid in the rural areas of this Province is generally provided by the present system of rural medical relief. This scheme was inaugurated, as early as 1924, with a view to bring qualified medical relief within easy reach of the rural population. According to this scheme, a medical practitioner is appointed to a village dispensary and he is to cater to the needs of the public within a radius of 5 miles. He is allowed the assistance of a midwife (if there is necessity for such a post) whose duty is to attend to the female sick and pregnant women and also conduct labour cases in the village when her services are needed. Finding that the scheme was working satisfactorily the Government in 1926, extended the scope of medical relief by opening additional rural dispensaries in remote parts of the districts. Since then, the programme of opening rural dispensaries is being continued, year after year, almost without interruption. During the current year the Government have sanctioned the opening of 19 rural (subsidised) dispensaries of both the Indian and the Modern systems of medicine, in various parts of the Province.

2. The rural dispensaries are classified as subsidised or non-subsidised according as the subsidy to the rural medical practitioner (and the midwife, if there is one) is paid by the Government or the local body concerned. The cost of medicines and contingencies is met by the local body concerned in respect of both the subsidised as well as the non-subsidised dispensaries. When the scheme was originally started, the rates of subsidy allowed to rural medical practitioners were only Rs.600/- per annum in the case of medical graduates and Rs.400/- p.a. in the case of Licentiates. The rates have since been increased to Rs.720/- p.a. and Rs.600/- p.a. respectively, while a much higher rate has been sanctioned for those employed in the Agency tracts (viz. Rs.900/- for Medical Graduates and Rs.720/- for Licentiates). Midwives are at present paid a subsidy of Rs.360/- p.a. in the case of 1st class midwives (Rs.480/- for those in the Agency Tracts) and Rs.300/- p.a. for 2nd class midwives. The cost of medicines to the extent of Rs.720/- p.a. and contingent charges up to Rs.140/- per annum are the liability of the District Board concerned.

3. The selection of villages for the opening of rural dispensaries of the allopathic system is made by the District Boards concerned on consultation with the Revenue Divisional Officer and the District Medical Officer concerned. The actual working of the scheme is entrusted to the District Boards concerned. As a general rule no rural dispensary should be opened within 5 miles of an existing medical institution, or in a place where a private medical practitioner has already settled down to practice. The dispensaries provide treatment in the modern as well as the indigenous systems of medicine. Sanction of Government should be got for the opening of rural dispensaries subsidised by them. In the case of non-subsidised ones, no such sanction is needed. The proposals received from the District Boards for the opening of subsidised dispensaries are invariably considered in connection with the Budget of the year to which they relate and are sanctioned on the merits of each case.

4. There is at present a dearth of qualified hands for the rural dispensaries with the result that a number of the rural medical institutions are kept closed. In order to render the present system more attractive to the rural medical practitioners the question of raising their rates of subsidy further is under consideration.

5. Apart from the present rural medical scheme a long range programme for expansion of medical relief in rural areas provided in the P.W.R.Schemes, Nos.92 and 99 of this Province. The object of the scheme is to provide medical relief generally at a distance of not more than 5 miles from any village. In heavily populated areas, the population factor will be combined with the distance factor and a village centre will be opened for 10 to 12 thousand persons. During the first quinquennium of the Post-War period it has been decided to open 150 combined Medical and Public Health centres in chosen areas of the Province. Each centre will have 6 beds (2 maternity, 2 isolation and 2 emergency). For the curative side there will be a M.O., a Compounder, ~~xx~~ a Nursing Orderly, a midwife and menial staff. For the preventive side, there will be a Health Inspector and one midwife. Suitable transport will be provided for cases requiring hospitalisation. The staff is expected to examine all school children and teach hygiene and sanitation. The original intention was to open 270 centres, but this number had to be curtailed to 150 in view of the financial stringency of Government. Besides, it is proposed to open 25 talukx group centres in the first 5 year period (30 combined public health and medical centres in the current year). The Post-war scheme also provides for the Provincialisation of all the existing Local Fund and Municipal Medical institutions in order to retain the administration in the hands of the State. Pending the implementation of the Post-war proposals, the rural medical relief scheme will be taken to be altogether outside the planned programme of post-war schemes and worked in areas where this is not being implemented.

ITEM NO.8.

HEALTH MEASURES FOR REFUGEES, INCLUDING ABSORPTION OF DOCTORS AND OTHER HEALTH PERSONNEL IN HEALTH SERVICES OF PROVINCES AND STATES.

Wherever refugee camps are opened necessary medical facilities are provided. Proposals received from the Surgeon General for the opening of dispensaries, and the employment of medical staff for these camps are sanctioned. Necessary provision is also made for adequate sanitary arrangements in these camps. As there are a sufficient number of doctors in this Province to fill up the sanctioned Government posts, there is no need to absorb refugee doctors in the services of this Province.

It is suggested that a certain percentage of vacancies under Provincial Governments as well as under other public bodies such as local authorities should be reserved for refugees for period of two or three years. No definite proposals have been received by this Government in this regard. As pointed out above, there are a number of war returned and other officers awaiting appointment. The suggestion may be given due consideration by this Government when it is received.

It is stated that ill medical students from Pakistan were allocated to medical colleges in the Madras Province. Upto December 1947 only 58 refugee students have actually joined the three colleges.

Accommodation: Refugee students are accommodated in the Stanley Club Buildings in Madras and in the Provest Unit Headquarters in Vizagapatam. The Stanley Club accommodates over 40 students while the Provest Unit Headquarters accommodates 12 students. The Stanley Club buildings belong to the Governmen of India and the military authorities have demanded a rent of Rs.315 p.m. Pending the question of fixing the rent, this Government have asked the Government of India to sell the building to this Government. But the Government of India have since asked this buildings for use by the Naval authorities. The matter has been x referred to the Surgeon-General for remarks and his reply is awaited. He has also been asked to suggest a place where the refugee students can be accommodated.

As regards Vizagapatam, the Provost Unit Headquarters handed over by the Government of India is on a private land. The Government of India have agreed to sell the building to the Government, and they have demanded a compensation of Rs.17,845. The question is under consideration.

It may be pointed out that the Government of India have agreed to meet the extra cost on account of the medical education and accommodation provided for the refugees. This Government will not therefore incur any expenditure on this account.

A suggestion has been made that the Government of India may be asked to allow this Government to use the two buildings free of any charges so long as they are used as hostels for refugee students until the question of their disposals as indicated above is finally decided. This Government should press for the rent free allocation of the buildings.

ITEM NO.9.

PRIVATE PRACTICE.

Till 1937, Medical Officers, except those in the Ar d Physiology Departments, were allowed to undertake general private

practice, provided that it did not adversely affect their legitimate duties. During the Congress Regime in 1937, the question of abolishing or restricting the privilege of private practice was fully examined and the Government decided:

(i) that all non-Clinical Officers should be entirely debarred from private practice.

(ii) that Clinical Officers should be allowed only consulting practice, and

(iii) that owing to the paucity of Women Medical Officers, they should be allowed the concession of general private practice, subject to the condition that it does not adversely affect their legitimate duties.

Rule 18 of the Madras Medical Service Rules and rule 15 of the Madras Medical Subordinate Service Rules regulate the conditions in the matter of private practice. It will be observed that, even where the private practice has been restricted, Medical Officers have been allowed to attend to emergent cases and also to undertak the treatment of cases where there is no private medical practitio available within a radius of five miles.

~~xx2x. The Bhore Committee's intention that private practice~~

2. The Bhore Committee recommended the abolition of private practice. This question has again been re-examined recently and in a letter dated 17th January 1948, the Government communicated the following views to the Government of India.

"If it is the Committee's intension that private practice by Government doctors should be completely prohibited even now, the Government would point out that such a step is not feasible. So far as this Province is concerned, the privilege of general private practice formerly allowed to Government medical men was withdrawn by and what is called "Consulting Practice" has been allowed to them from that date. So far as medial relief for the poor persons is concerned, sufficient provision is made in the Government's rules; and in cases where Government doctors are specialists or men of outstanding abilities, their services should be available to the public at large. In any event, this Government consider that until the scheme of planned medical relief covers the whole province, complete prohibition of private practice by Government doctors will not be within the range of practical politics and that moreover such a step will be unnecessary, particularly as it is proposed to continue the present arrangements regarding separate curative and preventive services (with private practice completely prohibited for the latter)."

3. The Medical Education Committee has recommended that all entrants to the Medical Services should be completed debarred private practice and that their scales of pay should be revised include compensation for loss of private practice.

It would seem that, from the point of view of the existing financial condition and also the general needs of the population, it would be advantageous to continue the existing orders in the matter of private practice for some time to come. It has been ordered that the proposal regarding private practice should lie over till final orders are passed on the extension of the Honorary system which is under consideration

ITEM 11

ALL INDIA MEDICAL REGISTER.

At present, there is no provision under which the Medical Council of India can prepare an All India Register. Provincial Registers are maintained under the Medical Registration Acts, which are in force in various Provinces. In this Province, a register is maintained under the provisions of the Madras Medical Registration Act, 1914. In 1942, the Government of India raised the question of providing an All India Medical Register but this Government did not agree to the suggestion and pointed out certain difficulties in giving effect to the proposal. The question was again raised by the Government of India in 1946 and this Government agreed to the maintenance of an All India Register, subject to the condition that the Register should be in the alphabetical order in a single group instead of in three groups, as suggested by the Government of India. They also agreed to the proposed relationship between the Medical Council or India and the Provincial Medical Councils, except in the matter of the sharing of fees and voting in elections. Regarding the sharing of fees, it was pointed out that the Medical Council of this Province was working on a deficit and unless its financial position improved, it would not be possible for it to give any share of its fees to the All India Council. So far as the question of voting was concerned, it was suggested that if the licentiates as well as medical graduates were given the right to stand as candidates for election to the Medical Council of India, they (the licentiates) would by sheer weight of members, obtain a preponderant voice in the proceedings of the Council, whose main function was to control higher medical education; if on the other hand, the licentiates were merely enrolled in the register and were denied representation on the Council with or without the right to vote at elections, they would have legitimate cause for discontent. This would provoke bitterness of mind in the body of practitioners of modern medicine throughout India.

This Government also suggested that the proposals might be put in the form of a draft Bill for preliminary discussion by Provincial Medical Councils and also by prominent Associations or individuals interested in the medical profession and after such opinions were obtained, this Government would make their final recommendations. It was also suggested in August 1946, tha the question might be discussed at the Public Health Ministers Conference in 1946. But the matter was not discussed then. The Government of India have stated in their latest letter dated 4th June 1948 that the points raised by this Government have been referred to the Medical Council of India and that the views of the Council were awaited.

T.G.M.
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The question 'Q' on p.1 ante is met by the points raised at 'R' on p.3 ante. There are (1) Licentiates may be taken on the Register from the date it comes into force upto ten years after that date and (2) The licentiates should be allowed to send one representative from the Licentiates on each Provincial Medical Register. These are the suggestions made by the Executive Committee of the Medical Council.

The Government of India have suggested an alternative to (2) above viz. forming an electoral College of all the elected and nominated licentiates members of the Provincial Medical Councils to elect 3 licentiates to the India Medical Council ie. instead of one member for each Province under (2) above in all), there will be only 3 licentiates in the Indian Medical Council, since Government of India think that 9 licentiates may make the Council too unwieldy.

Some mention is necessary of the re-actions to these suggestions.

Re.(1) above, since the matter of re-openin Medical Schools is under this Government's considera-tion, it would seem that a ten year limit cannot be imposed without grave complaint from the persons concerned in case this Government decide to open the Medical Schools.

Re.(2), under the Government of India's suggestion, more Provinces may not have any licentiates in the Council but they apparently treat this as being less important than having an unwieldy Council.

C.O.C(oorey)
23-7-1948.

Second Health Ministers Conference - Agenda Item No.13
"Care of the Blind"

A copy of the memorandum on this item has been communicated to the Surgeon-General

2. In 1945, the Government of India forwarded a copy of the report on Blindness in India by the Joint Committee appointed by the Central Advisory Board of Health and the Central Advisory Board of Education and asked for the views of this Government on the following points.

(a) the constitution of two Provincial Councils on blindness one on opthalmological matters and the other for blind welfare.

(b) the appointment of two Provincial Advisers - one advisor in Opthalmology and the other Advisor on Blind Welfare, who will also be secretaries of the respective committees,

(c) Meeting the expenditure on the Councils pay and allowance of the Advisers and their staff and travelling expenses.

The Government of India were informed that this Government agreed to the above proposals.

2. Sir Clutha Mackenzie, officer[illegible]ndness in the office of the Director General Indian Medical Service, report in 1946 that the nucleus of the Central Committee was in course o establishment and desired to know whether this Government would carry out the recommendations of the report and particularly, implement the first important step of setting up the Madras Council on blindness.

3. The Surgeon-General and the Director of Public Health were consulted. The Surgeon-General has submitted a draft scheme the constitution of a Provincial Council, which has been accepted by the Board of Governors of the Madras Association for the Blind and has to be formally ratified by the General Board of Governors of the Association. A statement is placed below showing one view the constitution of the Central Council, the constitution of the Provincial Council proposed by the Surgeon General and accepted by the Board of Governors of the Madras Association for the Blind and the modification suggested by this department. The constitution of the Provincial Council is finally approved will be reported to the Government of India and then the question of carrying out the recommendations of the report will be taken up. The connected file has been sent to Development and Finance before circulation.

4. With reference to the recommendation in para 7(c) on p.4 current file re. the opening of eye camps, it may be mentioned that this Government have sanctioned the payment of a grant for the camps to be opened by the Blind Relief Mission, Nagpur at the rate of Rs.4,000/- for each camp.

ITEM NO.14.

Vital Statistics - Improvement of the machinery for the registration - Agenda of the Health Ministers' Conference.

From the Director of Public Health R.No.48629-1-PWR-48, dated 23-7-48.

Please see the memorandum at pp.3-12 c.f. on the "Improvement of India Vital Statistics" which has been prepared by the Government of India for use in the discussions at the ensuing Health Ministers' Conference to be held at Delhi.

The remarks of the Director of Public Health on the memorandum are at pp.17-18 c.f.

2. The memorandum contains essentially the following recommendations of the Bhore Committee:-

1. Creation of the post of a Provincial Registrar.

2. Formation of vital statistics organisations in the Districts on the line, described in para 5 at pp.5-6 c.f. working under the supervision and control of the Provincial Registrar.

3. Preparation and maintenance of house lists in villages and the utilisation of sample surveys based on these lists for the collection of demographic data of various types useful to the community.

4. The provision of adequate incentives to the people to register births and deaths" by creating conditions requiring in an increasing degree, the production of proof of age, community, parentage, etc., by courts, schools and other institutions insisting on the production of births and death certificate.

5. The introduction of compulsory registration of vital statistics in areas where this provision of law does not exist at present and the ensuring of due compliance with this provision if law through the prosecution of offenders, where such a step becomes necessary.

6. Development of facilities for statistical training of a higher order in the Universities and other centres.

7. Creation of the post of a Registrar General of Vital population and statistics who will be attached to the Central Ministry of Health, and who will be responsible for the collection, compilation, study and publication of vital statistics from all parts of the country, for the carrying of the census at periodical intervals, and for continuous population ~~xkx~~ studies.

3. The present system of the registration and compilation of vital statistics in the Province is described by the Director of Public Health in paragraphs 1 to 4 of his letter at pp.17-18 c.f. As pointed out by the Director of Public Health, it may be ~~different~~ noted that the present system in this Province is somewhat different from that outlined in the Memorandum as obtaining other parts of the Indian Union and seems to be more perfect and systematic.

Creation of the Post of the Provincial Registrar.

4. Item in par

that the post of the Provincial Registrar should be attached to the Provincial Ministry of Health for administration control and that it should work independently but in close cooperation with the Director of Health Services. The Director of Public Health agrees with this suggestion and he states that the function of the Provincial Registrar is now performed by the Assistant Director of Public Health (Vital Statistics).

District Organisation.

Item 2 in paragraph _____ Director of Public Health is strongly of opinion that the village headman may themselves continue as the Registrars for the respective villages and that there is no need for district registrars in this Province and that the Tahsildars may continue as the Taluk Officers for the purpose of vital statistics and that the compilation work can be carried out more efficiently at the Provincial Headquarters as at present. Apparently the Director of Public Health does not want to effect any change in the existing method of registration in the Province. The Government previously examined the report of the Bhore Committee and decided in G.O.3050 P.H. dated 9-9-47 that the present arrangements for the registration of vital statistics and checking and inspection of registers of births and deaths in the province are satisfactory, that it is not desirable to alter these arrangements, and that it is unnecessary to set up separate provincial and district organisations under a special Provincial Registrar on the lines suggested by the Bhore Committee. It seems that these decision hold good even now in of the fact that the Director of Public Health is not in favour any change in the existing system of registration in this Provi

5. Item 3 in paragraph 2: Maintenance of house lists.

The Director of Public Health suggests that the house lis should be prepared by the village headmen and their accura and completeness may be checked by the Revenue and Health Insp concerned. These suggestions of the Director of Public Healt seem acceptable and they may be adopted.

6. Item 4 in para 2: Incentive to people to register Births & Deaths.

It is presumed that the conditions requiring the producti of age certificate etc. before the courts, schools, and other institutions already exists and no further action seem necessary on this point.

7. Item 5 in para 2: Compulsory registration.

As has been pointed out by the Director of Public Health in paragraphs 1 to 4 of his letter compulsory registratio is now in force in all areas except the excluded areas and certa backward tracts. It has been held that it is premature to intrduce compulsory registration of births and deaths in the areas in whi the Madras Registration of Births & Deaths Act is not now in forc It may be also noted that in the Madras City Municipal, the Madra District Municipalities and the Madras Registration of Births and Deaths Acts there are penal provision against failure to registe births and deaths and no further action seems called for on this.

8. Training in Vital Statistics: Item 6 in para 2.

As it was decided not to accept the recommendation of t Bhore Committee for the establishment of Provincial and District Organisations for vital statistics, the Government did not consid it necessary to pursue the suggestion for more advanced Universit courses than the existing ones in statistics

4. Item in para 2 above: The Bhore Committee has suggested that the post of the Provincial Registrar should be attached to the Provincial Ministry of Health for administration control and that it should work independently but in close cooperation with the Director of Health Services. The Director of Public Health agrees with this suggestion and he states that the function of the Provincial Registrar is now performed by the Assistant Director of Public Health (Vital Statistics)

District Organisation.

Item 2 in paragraph 2 above: The Director of Public Health is strongly of opinion that the village headman may themselves continue as the Registrars for the respective villages and that there is no need for district registrars in this Province and that the Tahsildars may continue as the Taluk Officers for the purpose of vital statistics and that the compilation work can be carried out more efficiently at the Provincial Headquarters as at present. Apparently the Director of Public Health does not want to effect any change in the existing method of registration in the Province. The Government previously examined the report of the Bhore Committee and decided in G.O.3050 P.H. dated 9-9-47 that the present arrangements for the registration of vital statistics and checking and inspection of registers of births and deaths in the province are satisfactory, that it is not desirable to alter these arrangements, and that it is unnecessary to set up separate provincial and district organisations under a special Provincial Registrar on the lines suggested by the Bhore Committee. It seems that these decision hold good even now in view of the fact that the Director of Public Health is not in favour of any change in the existing system of registration in this Province.

5. Item 3 in paragraph 2: Maintenance of house lists.

The Director of Public Health suggests that the house lists should be prepared by the village headmen and their accuracy and completaness may be checked by the Revenue and Health Inspectors concerned. These suggestions of the Director of Public Health seem acceptable and they may be adopted.

6. Item 4 in para 2: Incentive to people to register Births & Deaths.

It is presumed that the conditions requiring the production of age certificate etc. before the courts, schools, and other institutions already exists and no further action seems necessary on this point.

7. Item 5 in para 2: Compulsory registration.

As has been pointed out by the Director of Public Health in paragraphs 1 to 4 of his letter compulsory registration is now in force in all areas except the excluded areas and certain backward tracts. It has been held that it is premature to introduce compulsory registration of births and deaths in the areas in which the Madras Registration of Births & Deaths Act is not now in force. It may be also noted that in the Madras City Municipal, the Madras District Municipalities and the Madras Registration of Births and Deaths Acts there are penal provision against failure to register births and deaths and no further action seems called for on this.

8. Training in Vital Statistics: Item 6 in para 2.

As it was decided not to accept the recommendation of the Bhore Committee for the establishment of Provincial and District Organisations for vital statistics, the Government did not consider it necessary to pursue the suggestion for more advanced University Courses than the existing ones in statistics.

9. Creation of the Post of the Registrar-General of Vital Population & Statistics.

Item 7 in para 2:

If this post is created by the Central Government perhaps there can be no objection to this Government furnishing to him the necessary date with the help of the existing machinery for the registration.

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Second Health Minister's Conference -

August 1948.

Agenda Item No.15.

A NOTE ON THE DESIRABILITY OF PROHIBITING CONSTRUCTION OF BACK TO BACK HOUSES IN THE INDUSTRIAL AND SLUM AREAS AND RAILWAY QUARTERS.

That a considerable amount of ill health including disease of the respiratory system, specially tuberculosis of the lungs is caused by living in insanitary and ill ventilated houses is well known. Back to back houses are very fruitful sources of such ill health and yet such houses are constantly being built specially for the accommodation of labour in industrial areas and in railway quarters. Very few of the municipalities have adopted building by laws under which construction of sanitary and well ventilated buildings can be enforced. In the rural areas buildings are still being allowed to be constructed without any plan, with the result that there is no prohibition to the construction of back to back houses by employers of labour.

The Royal Commission on labour in India in their report in 1931 remarked adversely on the construction of back to back houses. Construction of back to back houses has been prohibited in the Asansol Mining Settlement area and all such houses constructed prior to the constitution of the Mines Board of Health are to be demolished or remodelled within the next 3 years.

Unless the construction of back to back houses is prohibited by law, the housing condition of labourers is not likely to improve. Tuberculosis of the lungs is mainly a disease of urban and industrial areas. To check the rising incidence of this disease, it is imperative that construction of back to back and ill-ventilated houses should be stopped. Without such a regulation, the application of the Employees State Insurance Act is not likely to yield cent per cent success.

KRVD.2.7.

Superintendent,
MADRAS RECORD OFFICE.

3.7.53

GOVERNMENT OF MADRAS.

Abstract

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EDUCATION & PUBLIC HEALTH DEPARTMENT.

G.O.Ms.No.3315 P.H. Dated 28th September 1948.

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